

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ARTICLES OF DISSOLUTION

FILING FEE: \$10

1. The name of the corporation is: _____

2. The date dissolution was authorized: _____

3. If dissolution was approved by the shareholders, provide a statement that the proposal to dissolve was duly approved by the shareholders in the manner required by the South Dakota Business Corporation Act and by the corporation's articles of incorporation.

Application may be signed by any authorized officer of the corporation.

Date: _____.

Signature

Printed Name

Title

An original and one exact or conformed copy (photocopy) must be submitted.